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REVIEW OF FURTHER DEVELOPMENTS IN FIELDS WITH WHICH THE SUB-COMMISSION HAS BEEN CONCERNED

Final report of the Special Rapporteur on traditional practices affecting the health of women and children, Mrs. Halima Embarek Warzazi

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Introduction

1. At its forty-sixth session, following the submission by the Special Rapporteur, Mrs. Halima Embarek Warzazi, of her preliminary report (E/CN.4/Sub.2/1995/6), the Sub-Commission adopted resolution 1995/20, entitled "Traditional practices affecting the health of women and children", in which it called on all States, United Nations bodies and organs, relevant specialized agencies, as well as non-governmental organizations (NGOs) and grass-roots movements to implement the Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children (E/CN.4/Sub.2/1994/10/Add.1 and Corr.1) and to inform the Special Rapporteur of the progress achieved and the obstacles encountered in doing so.

2. In her preliminary report, the Special Rapporteur assessed the differences and similarities in traditional practices affecting the health of women and children in many parts of the world, taking into consideration, among other relevant documents and information, the conclusions and recommendations of the two regional seminars on traditional practices, which were held in Burkina Faso (E/CN.4/Sub.2/1991/48) and Sri Lanka (E/CN.4/Sub.2/1994/10 and Corr.1).

3. The present report covers replies received by the Special Rapporteur to a note verbale sent by the Secretary-General on 28 April 1995, looking at the progress achieved and obstacles encountered in implementing the Plan of Action. This will enable the Special Rapporteur to make recommendations on future action for the elimination of harmful traditional practices at the national, regional and international levels, as well as proposals for improved implementation of the Plan of Action.

4. At the time of writing, the Special Rapporteur had received information from the Governments of Angola, Armenia, Belarus, Belize, Colombia, the Czech Republic, Germany, Guinea, Iraq, Kiribati, Mauritius, Mexico, the Netherlands, Niger, Palau, Peru, San Marino, Spain, the Sudan, Sweden, Thailand, Turkey, Ukraine, Uruguay and Uzbekistan.

5. Replies have also been received from the Division for the Advancement of Women, the Economic and Social Commission for Asia and the Pacific, the Economic Commission for Latin America and the Caribbean, the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund, the United Nations Educational, Social and Cultural Organization and the United Nations Population Fund.

6. Information was also received from the Inter-American Commission of Women of the Organization of American States and the International Federation of Red Cross and Red Crescent Societies, and from the following non-governmental organizations: Arab Council for Childhood and Development, Asian Mass Communication Research and Information Centre, Commonwealth Medical Association, International Council of Nurses, International Federation Terre des Hommes and Victim Support.

7. The Special Rapporteur regrets to note that there were almost no replies from Governments directly concerned by the traditional practices covered by the Plan of Action contained in document E/CN.4/Sub.2/1994/10/Add.1, with the exception of Guinea, Niger and the Sudan.

8. In view of that situation, and before analysing the replies, the Special Rapporteur wishes to make certain comments of a general nature.

9. The problem of harmful traditional practices affecting the health of women and children, including female genital mutilation, is no longer a taboo subject. One of the main reasons for the perpetuation in silence, and for acceptance of and submission to those practices, lay in people's fierce attachment to their cultural identity and their refusal to accept any foreign-inspired change, considered rightly or wrongly as an attempt to impose Western cultural hegemony. In the aftermath of national independence, that attachment to traditions seems indeed to have grown, to the point that, as indicated in the United Nations publication Women: Challenges to the Year 2000, 1/ when the Minister for Women's Affairs of Zimbabwe, Mrs. Joyce Mujuru, and her staff were entrusted with challenging the practice of "lobola" (literally, bride price), they faced enormous resistance and were accused of "cultural imperialism".

10. The other reasons why, for many long years, the problem has been kept outside the sphere of action of the international community are, on the one hand, victims' acceptance of the harmful practices and the passive attitude of women in the élite who dared not or could not publicly protest against the imposition by their societies of those traditions and practices and, on the other hand, positions adopted by those on the outside, who, not realizing how sensitive the problems were - particularly what was then known as "female circumcision" - had based their approaches on the use of inappropriate language, including - as Dr. Tomris Turmen, Director of the Division of Family Health of the World Health Organization, said in 1996 - that of "sensationalism and distortion".

11. The situation has nevertheless evolved, especially since 1982, when, thanks to the persistent efforts of a non-governmental organization dealing with traditional practices, the Sub-Commission decided to attack the problem seriously by asking two of its experts to undertake and submit a study on all its aspects and the best ways to solve them. For the first time, harmful traditional practices affecting the health of women and children became a question of human rights. They have increasingly been regarded as such over the years.

12. Very considerable progress has been made since 1982, if only at the level of awareness among Governments and the public.

13. This public awareness has led to great activity, within the international community and States, United Nations organs and bodies, intergovernmental organizations and national and international NGOs, and as part of the debates at the international conferences of the past four years.

14. The Fourth World Conference on Women (Beijing, September 1995) took a stand on violence and harmful traditional practices affecting the health of women, declaring that violence against women violates and nullifies the enjoyment by women of their human rights and fundamental freedoms.

15. The Conference included the following among the acts that fall within the definition of violence: "physical, sexual and psychological violence occurring in the family, including ... sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women".

16. The Conference called on all Governments to condemn violence against women and refrain from invoking any custom, tradition or religious consideration.

17. Specialized institutions and international organizations concerned with health, refugee education, population, development, migrant workers and children have all placed these problems on their agendas.

18. The media are increasingly interested in these practices, undertaking studies, publishing articles and broadcasting films, thereby contributing not only to greater awareness by the Governments concerned, but also sometimes even to reactions that result in the adoption of positive steps.

19. Some Governments that are not directly concerned by these practices are closely following the changing situation by means of reports on the status of women worldwide. Reference may be made here to the initiative taken in 1993 by the State Department of the United States of America which, in its report to Congress on human rights, devoted one section to discrimination and violence against women throughout the world.

20. Certainly, the information provided may not always reflect reality faithfully, but it does mirror the concern raised among Governments by the grave violations of which millions of women are the victims.

21. Similarly, some universities are taking an interest in these pernicious practices. Opinions differ on the means for dealing with them, their cultural origins and the problems raised by the interpretation of cultural identity vis-à-vis human rights standards.

22. The Special Rapporteur was sent an article published by a university professor from the United States, Hope Lewis, in the Harvard Human Rights Journal, on female genital mutilation. The author attempts to explain the dilemma of African-American feminists in dealing on the one hand with Western discourse, which they feel is imperialist in tone or completely excludes the voices of women, and on the other, with the question of how they can appropriately and effectively apply the norms of international human rights law to female genital mutilation. Many African-American feminists consider themselves to be physically, politically, culturally or emotionally related to African women and children and consequently recognize the importance of preserving cultural traditions.

23. This goes to show that, in today's world, no one is indifferent to traditional practices affecting women and children; and that government determination to apply an effective national policy is crucial to the eradication of such practices. The observations of everyone involved, interested in or concerned by the issue should help bring to light the progress achieved and obstacles encountered, as well as the recommendations to be made.

I. ANALYSIS OF REPLIES RECEIVED FROM GOVERNMENTS

24. From the replies received from Angola, Belarus, Belize, Colombia, the Czech Republic, Germany, Iraq, Mauritius, Mexico, San Marino, Spain, Sweden, Turkey, Ukraine and Uruguay, it is clear that the traditional practices discussed here are non-existent in those countries.

25. The Government of Peru states that surveys conducted from 1991 to 1992 indicate that early marriage (from 15 to 19 years) is still practised there, at a rate of 3 per cent in the cities and 20.9 per cent in the rural areas. It also states that some 34,000 girls aged 12 to 14 are leading a conjugal life.

26. The Government of Armenia has taken steps to eliminate traditional practices, such as selective abortion and son preference, and their effects on the condition and status of the girl-child.

27. Most countries none the less recognize that violence against women and children is a matter of concern which demands government attention. Laws have been enacted to punish such violence.

28. The Government of Peru states that 60 per cent of pregnant girls are pregnant as a result of incest or sexual violence in the family. Because such acts are not reported, however, the statistics reflect only a very small proportion of the actual number of cases of sexual aggression. A law against violence in the family was promulgated in 1993.

29. The Government of Mexico asserts that the problems of violence in most developing countries, and of violations of fundamental rights are fed by ignorance of the laws protecting victim groups, regardless of cultures and traditions.

30. The Government of Guinea believes that the persistence of cultural traditions and customary law fosters prejudices that encourage violence against women.

31. The Government of Thailand states that the changing nature of the traditional family, the breakdown of the traditional close-knit community, and the disappearance of underlying values have created new problems for girls in rural areas. Because there is no work in the countryside, girls are encouraged by their parents to seek other occupations. It even happens that they are led to engage in prostitution. The income they earn, which they send home to family and friends, is greatly appreciated. In this manner, economic values take precedence over women's health and the quality of their lives.

32. A dynamic policy has been instituted to provide sex education, protect the health of different groups of women and children, improve nutrition by means of a major information campaign, and assist women victims of violence. The Government does still recommend efforts to raise the perceived value of the girl child as a source of affection and support, and not simply of material assistance.

33. The Government regards communication, which should reach every household, including the most remote ones, as invaluable.

34. The Government of Angola indicates that traditional practices in themselves, at least in Angola, are not harmful as a rule. If there are "really very occasional" accidents, they are caused by unsterilized instruments. The Government is cooperating with institutions specialized in the field of traditional medicine.

35. The Government of Uzbekistan asserts that there are no traditional practices in that country.

36. The Government of Niger believes that before the impact of the measures contained in the Plan of Action can be evaluated, they would all have to have been implemented. In the case of Niger, most have not been, and there is currently no specific plan in place. Despite that statement, the Special Rapporteur welcomes the fact that the Government is giving very serious consideration to the problem of traditional practices affecting the health of women and children by preparing a list of those practices in order to eliminate them, resources permitting.

37. This list is of great value to the Special Rapporteur because it extends the range of practices studied so far: removal of the uvula; female excision; early marriage, childbirth and weaning; dietary taboos; removing milk teeth; burning the skin (attouchment au feu); bleeding the patient; opening the lower part of the abdomen, pressing on the abdomen, pushing a [prolapsed] cervix back into place (relèvement du col utérin), holding the foetus in position; scarring, tattooing, piercing the earlobes, gums, lips and nose; and force-feeding.

38. Even before the Ouagadougou seminar (April-May 1991), some of whose recommendations were taken up in the Plan of Action, the Government had taken some steps consistent with the Plan.

39. These included, notably, inclusion in the Penal Code of language making rape, prostitution, abortion and infanticide - all regarded as acts of violence against women and violations of human rights - punishable offences; and the introduction into school curricula of the subjects of sexuality and preparation for family life.

40. Traditional practices are being combated on two levels, State and private. The Niger Committee on Harmful Practices, established by decree of the Minister of Social Affairs and the Advancement of Women in 1990, is responsible for recording all harmful practices, helping to find ways and means of promoting maternal and child health, and distributing information,

documentation and research work on such practices. The private body is a non-governmental organization answering to the recommendations of the Inter-African Committee on Traditional Practices, which is concentrating for the moment on alerting social and health workers, youth leaders, opinion-formers and practitioners to the problem.

41. The Government of Niger believes that the efforts of the ministerial Committee, supported by other measures, will do much to eradicate practices harmful to women's and children's health.

42. The Government of Guinea supplied a very substantial reply to the Secretary-General's note: "Being aware of the existence of several traditional practices with adverse effects on women's and children's health, the Guinean Government and civil society are making every effort to mobilize the nation in pursuit of a society rid of traditional practices affecting the health of women and children." It begins its report with a list of the injurious practices affecting women and children that have been observed in the country: sexual mutilation (excision being the most widespread form); dietary taboos; early marriage; tattooing; and prohibitions such as (i) on post-menopausal women having sexual relations; (ii) on women seeing mortal remains, even of their sons or husbands, while menstruating or pregnant; and (iii) polygamy, repudiation and groundless divorce, which have immediate and long-term harmful effects on women's and children's health. Action has been taken at several levels since 1984 to combat these injurious practices and promote positive ones.

43. In an official note in 1989, the Guinean Government said it supported "unreservedly the struggle to eradicate all backward elements in these traditional practices". The main steps it has taken in accordance with the recommendations in the Plan of Action are: to set up a national committee, the National Cell of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children; to establish, in 1995, a follow-up mechanism, the Guinean Committee on the Protection and Defence of Children's Rights; to create, in 1994, a Ministry of the Advancement of Women and Children, which affords immense potential for the implementation of official policy; to hold training seminars for journalists and other media workers; and to involve the religious and traditional authorities closely in the campaign against traditional practices affecting women's and children's health.

44. As regards preferential treatment for male children, the Government supports recommendation 15 in the Plan of Action, believing that it should form the starting-point for all efforts to rectify misconceptions about a mother's responsibility for the sex of her children.

45. Although the law makes no distinction between girls and boys as regards access to inheritance, by custom girls do not inherit from their fathers.

46. The Government does point out, however, that there has been an improvement in social behaviour and that people tend to believe there is no difference between boys and girls or, if there is, it is a matter of success in schooling. Efforts must be made to encourage as many girls to enrol in religious establishments as boys, and no effort should be spared to ensure

that girls go on to higher education. A committee on equality in education has been set up. The Special Rapporteur believes that this initiative, which has borne fruit, should be extended to those educational sectors where statistics indicate that girls are lagging far behind boys.

47. In the Special Rapporteur's opinion, moreover, Guinea has recently set an excellent example by deciding to set aside 16 key government posts for women.

48. As regards early marriage it is reported that, article 280 of the Civil Code - "... women aged less than 17 years may not enter into a contract of marriage" - notwithstanding, in the countryside, owing to certain backward traditions, women do marry before the legally established age. The Government therefore stresses the need for a long campaign of information, education and communication to alert people to the undesirable effects of early marriage on girls' and women's health.

49. Efforts being made through the media are, for the time being, inadequate.

50. On the subject of violence, the Special Rapporteur will simply mention practices of relevance to her mandate such as those reported by the Government of Niger: levirate, the ancient practice of remarrying a widow to her dead husband's brother, even against her wishes; and sororate, which consists in replacing a dead wife with her younger sister in order to perpetuate family alliances. This latter practice, besides favouring early marriages, also sustains forced marriage; and the girl is exposed to AIDS if the husband has it.

51. The Government of Niger states that most of the forms of violence falling within the Special Rapporteur's terms of reference are punishable by law.

52. The Government of Guinea reports that infanticide is forbidden under the Civil Code (art. 253), which makes no distinction between boys and girls, stipulating only that the victim is a newborn.

53. Dowries in Guinea are symbolic.

54. Rounding up her analysis of this reply, the Special Rapporteur told the Guinean Government that its record of activities to date was impressive but that efforts must continue until all the practices were truly eradicated. She is aware that many of the activities depend on physical and financial assets which are in short supply. This is an area where international cooperation must take tangible form.

55. The Government of Iraq reported that, although harmful traditional practices such as "female circumcision" did not occur, training courses and programmes for medical and paramedical staff include a discussion of the adverse effects on health of such practices.

56. The Government of Belize considers that its policy on women and children is in keeping with paragraphs 2, 5 and 7 of the Plan of Action.

57. The Government has taken special steps to remove from books in primary schools all references that might encourage discrimination against the female sex. A review of school curricula and books has been launched for the same purpose.

58. As regards preferential treatment for male children, programmes designed by the Government and non-governmental organizations seek actively to raise the perceived value of little girls and persuade parents and teachers to do away with all such distinctions as they make, ensuring that girls receive an education. The recommendations in paragraphs 14, 19 and 27 of the Plan of Action are thus taken into account.

59. As regards violence, it is interesting to learn that the television, the radio and the press are all taking part in efforts to cultivate an attitude of social intolerance to violence in Belize.

60. The Government of the Netherlands did not refer specifically to the Plan of Action in its reply. It did, however, send the Special Rapporteur a publication entitled "Visions and discussions on genital mutilation of girls". This survey, published in the Netherlands in 1995, was produced at the request of the Director-General for International Cooperation in the Netherlands Ministry of Foreign Affairs by the Netherlands section of "Children International", with assistance from the Netherlands Human Rights Institute. It is a response to the considerable interest that female genital mutilation has aroused in the Netherlands.

61. The publication covers all aspects of female genital mutilation. It analyses local, national and international legislation and the attitudes of and initiatives taken by Governments (including that of the Netherlands), international organizations and non-governmental organizations. It represents a contribution to the campaign against female genital mutilation by the Government of the Netherlands, which has declared the practice intolerable and a punishable offence.

62. The Turkish Government informed the Special Rapporteur of the steps it had taken to prevent early marriages. Article 88 of the Turkish Civil Code puts the minimum age for marriage at 15 for girls.

63. The Special Rapporteur wishes to take the liberty, nevertheless, of drawing the Turkish Government's attention to paragraph 30 of the Plan of Action, which invites Governments to set the minimum age for marriage at 18 years for girls, as recommended by the World Health Organization.

64. The Government of Sudan provided the Special Rapporteur with substantial and very interesting information on its long-term plan of action to eradicate harmful traditional practices, which it adopted nationally in 1992.

65. The Government recognizes that despite being illegal (it was banned in 1940) "female circumcision" is still commonplace in northern Sudan. It is estimated that 89 per cent of women undergo circumcision (pharaonic, the most extreme kind): two thirds of them are girls aged between five and nine, followed by girls under five.

66. The information also bears on factors deeply rooted in society and in women themselves which, it is believed, are the primary reason why the practice persists.

67. It is also reported that other practices such as tribal markings (tattoos), dietary taboos and early marriages are widespread. For this reason the Vice-President of Sudan announced, in January 1992, that the year 2000 had been set as the date for the elimination of harmful traditional practices in Sudan.

68. A national committee comprising representatives of various ministries, non-governmental agencies and international financing bodies was set up to accomplish this objective by planning, following up on and evaluating activities under the plan adopted in 1992.

69. The main activities under the national plan are:

(i) Holding workshops on public motivation and mobilization for political decision-makers and community and public-organization leaders. Subjects covered include early marriages, non-spaced pregnancies, dietary taboos and other traditional practices affecting women's and children's health;

(ii) Making traditional birth attendants and midwives aware of the adverse effects of female genital mutilation so as to turn them into militant campaigners against the practice.

One of the main obstacles to the attainment of this objective, the Government reports, is that traditional birth attendants and midwives usually derive most of their income from performing genital mutilations. This suggests that the programmes for them should be accompanied by courses on alternative ways of earning a living in order to maximize results.

(iii) Training women to work as activists and instructors on the eradication of harmful traditional practices and the education of rural and urban communities.

The Special Rapporteur is interested to observe how pertinent this activity is.

70. The objectives for the year 2000 are:

(i) To have eradicated female genital mutilations, of which 82 per cent are pharaonic circumcisions and 16 per cent are other forms of mutilation;

(ii) To promote physical welfare and, taking 1990 as the benchmark, increase the number of births handled by competent health personnel by between 40 and 80 per cent;

(iii) To do away with dietary taboos affecting children, pregnant and nursing women;

(iv) To advocate family planning more effectively.

71. The long-term plan for 1993-1995 calls for:

(i) The creation of an organizational framework for the programme which can carry out activities centrally and in target States;

(ii) The fostering in ministries, non-governmental organizations, educational institutions, communities and health workers of a change in attitude towards harmful traditional practices and their undesirable effects;

(iii) Efforts to win over and train traditional birth attendants, midwives and health workers in the States most directly concerned. The numbers to reach are 600 in 1993, 600 in 1994 and 500 in 1995 so as to cover all the intended groups in these States;

(iv) The alerting of 30,000 women and men in 250 villages to the problem;

(v) The halting of activities by birth attendants and midwives that are associated with female genital mutilations;

(vi) The abandonment of harmful traditional practices by 30 per cent of the target population;

(vii) Amendments to primary-school and adult education curricula, youth centre, welfare centre and women's centre programmes so as to include the eradication of harmful practices.

72. The Government of the Sudan, aware of the fact that one of the reasons why female genital mutilation continues is the people's belief that female circumcision is an obligation under Islam, organized a national seminar in 1993, attended by all the religious leaders, with a view to ending this erroneous belief.

73. The Special Rapporteur welcomes this initiative and is convinced that a firm stand by religious leaders against harmful traditional practices, female genital mutilation in particular, can bring about a change in people's attitudes.

74. The agenda for the seminar, whose results it would have been useful to obtain, included, besides all the social factors that encourage the perpetuation of these harmful practices, the effects of such practices on women's and children's physical and mental health.

75. The Special Rapporteur has made a point of giving substantial coverage to the replies from the Governments of Guinea, Niger and the Sudan, for the

information provided clearly reflects their commitment and determination to put an end to traditional practices affecting the health of millions of women and children. This resolve deserves encouragement.

General observations

76. Another welcome development is the amount of information furnished by Governments, for it clearly indicates that they are aware of the serious problems affecting women and children, and that policies are aimed at improving their situation, protecting them and defending their rights.

77. As regards the recommendations made in the Plan of Action, measures have been taken by Governments in the following areas:

Guaranteeing sound reproductive health for women (Thailand);

Health care for women, before, during and after childbirth (Armenia, Guinea, Spain);

Incorporation of sex education into the formal and informal educational curricula (Armenia, Niger, Thailand);

Strengthening of health structures and services;

Distribution of information on nutritional needs and how to combat malnutrition among the most vulnerable groups in urban and rural areas (Mexico);

National surveys on violence, to shed light on its causes and find appropriate solutions and means of prevention (Colombia, Germany);

Introduction of the problem of violence into human and social science curricula and legal and health-care training programmes (Belize);

Establishment of committees to monitor the problem of violence against women from a female perspective;

Allocation of substantial financial aid by Governments to shelters for battered women and to non-governmental organizations combating violence against women (Belize, Sweden);

Addition of a "children's emergency service" to a mobile police unit that makes surprise visits to homes where child abuse had been reported, as a means of monitoring situations of social violence effectively. This scheme operates in coordination with the national association for abused children and the National Family Institute (Uruguay);

Emergency hotline for women and children who have been the victims of violence (Germany);

Legislation against violence (Belize, Colombia, Germany, Guinea, Mexico, San Marino, Switzerland, Uruguay);

Encouragement to non-governmental organizations working to improve the situation of women and children (Belize);

Encouragement to non-governmental organizations working to eliminate traditional practices (Armenia);

Regular surveys and collections of data on women's mortality, health, education, employment and political participation with a view to developing policies and programmes for women and girls (Armenia);

Compulsory primary education (Mauritius, San Marino). Free primary and secondary education (Mauritius);

Various types of allowances for widows, older women and orphan girls (Mauritius);

Counselling of female victims of violence during their stay in shelters to assist them in returning to their families. Establishment of a family counselling service providing free legal and psychological counselling for those in need of it (Mauritius);

Training of health-care workers and alerting of professional communicators to women's problems and rights, with a view to bringing about a change in attitudes and the development of self-esteem, motivating people to take care of themselves and to respect themselves and others (Colombia);

Incorporation into academic and medical curricula of subjects concerned with harmful practices and efforts to combat them (Guinea, Iraq);

Training of traditional birth attendants and paramedical personnel (Belize, Guinea, Iraq, Niger);

Study on the situation of children and women (Belarus);

A law categorically prohibiting discrimination based on sex (San Marino);

Raising of women's awareness of health and how to satisfy their basic health needs (Colombia, Iraq).

II. REPLIES FROM UNITED NATIONS SPECIALIZED AGENCIES, ORGANS AND BODIES

World Health Organization (WHO)

78. WHO has paid close attention in recent years to harmful traditional practices in general and female genital mutilation in particular.

79. The Special Rapporteur especially welcomes this fact because in 1991 the Ougadougou seminar requested WHO to "hold a ministerial conference on female circumcision and other traditional practices affecting the health of women and children and to study all recommendations made regarding traditional practices, in order to assess their implementation".

80. In 1993, the Forty-sixth World Health Assembly adopted a resolution, sponsored by African countries, calling for the elimination of harmful traditional practices and for more information on female genital mutilation.

81. In 1994, the Forty-seventh World Health Assembly asked member States to assess the extent to which harmful traditional practices affecting the health of women and children constitute a social and public health problem in any local community or subgroup.

82. Echoing the recommendations contained in the Plan of Action, the World Health Assembly also asked Governments to establish national policies and programmes that would effectively, and with legal instruments, abolish female genital mutilation, child-bearing before biological and social maturity and other harmful practices affecting the health of women and children. WHO officials submitted to the Forty-seventh World Health Assembly a well-constructed document providing extensive information on female genital mutilation. Gratifyingly, this study was not limited to the health problems raised by the practice but went over the arguments for and against its continued existence.

83. The Special Rapporteur notes with satisfaction the request by the WHO Executive Board for additional extrabudgetary resources to be mobilized to sustain the action at national, regional and global levels. Lastly, WHO deserves support in the campaign it has deliberately launched against traditional practices, including female genital mutilation, through a series of activities and the dissemination of some very important documents.

United Nations Children's Fund (UNICEF)

84. In its reply to the Special Rapporteur, UNICEF, whose devotion to children knows no bounds, endorsed the Plan of Action and said that it had been giving priority since 1990 to combating female genital mutilation, female infanticide and early marriage. The Executive Board has recommended that all planned UNICEF programmes should specifically address the situation of girls and their needs, particularly in the areas of health, nutrition and education, in order to eliminate disparities due to sexual discrimination.

85. In combating harmful traditional practices, UNICEF has based itself on the Vienna Declaration and Programme of Action (1993), the Convention on the Elimination of All Forms of Discrimination against Women and the relevant provisions of the Convention on the Rights of the Child.

86. Efforts to combat female genital mutilation focus on the following:

Distribution of information, aimed in particular at midwives and traditional birth attendants.

Support for studies and debates on these issues in several African countries.

Support for the Inter-African Committee on Traditional Practices, a non-governmental organization, with a view to establishing national committees in a number of African countries.

87. In 1994, the late Mr. Grant, former Executive Director of UNICEF, gave UNICEF offices new guidelines for strengthening field efforts to combat female genital mutilation. They led to the establishment of an interdisciplinary group at headquarters to coordinate action and development programmes with non-governmental organizations and community groups, which were both target groups and allies. UNICEF believes that mobilizing communities and establishing monitoring machinery at their level is the key to success in these activities.

88. As regards son preference, UNICEF and its partners spare no effort to help mobilize, at the national and local levels, against female infanticide, selective abortion and early marriage of girls. UNICEF realizes that it is necessary to eliminate the obstacles created by son preference, establish opportunities and provide support for all efforts to enable girls to develop their full potential and take their place in society with dignity and equality.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

89. UNESCO's contribution to the implementation of the Plan of Action is a considerable one, in that its planned activities for the biennium 1996-1997 include a vigorous programme of cooperation with member States with a view to improving their biology curricula by producing information on the negative effects of female genital mutilation; the need for health and nutritional education that is closely related to the local environment; and the determination of the sex by the chromosomes of the male.

90. Under "Project 2000+ - science and technological education for all", UNESCO works in cooperation with its member States specifically to improve the education of girls in the scientific, technological and vocational areas. A programme is being planned for girls in sub-Saharan Africa.

91. UNESCO is working to eliminate stereotypes relating to women's jobs and traditional roles, in part through technical and vocational training for girls, affirmative action, studies, and projects for children and parents, to enable them to provide better care for their children and raise them on an equal footing.

Office of the United Nations High Commissioner for Refugees (UNHCR)

92. UNHCR has welcomed the activities that led to the Sub-Commission's request in resolution 1994/30. In support of that resolution, it transmitted a number of documents reflecting its activities on behalf of refugees, particularly women and children. These most vulnerable categories of refugees need special protection, for they are the ones most exposed to abuse, including the kinds of abuse that are encompassed by the Special Rapporteur's mandate.

93. In 1994, UNHCR revised its guidelines on refugee children to incorporate the principles contained in the Convention on the Rights of the Child. The revised guidelines contain a chapter on health, where instructions are given to UNHCR offices to "give high priority to health education regarding harmful

traditional practices such as female genital mutilation and the health implications on girls of early marriages and early pregnancies". More important, under the heading "Traditional health practices", they encourage UNHCR and others to "strive to eliminate harmful traditional practices affecting the health of women, children and adolescents such as child marriages, dietary limitation during pregnancy and female genital mutilation through a mutual education process between the traditional healers and professional medical practitioners".

94. These guidelines have been widely distributed in English and French among UNHCR field staff, government representatives in the host countries and staff of the relevant agencies.

95. With regard to sexual violence, on the occasion of International Women's Day in 1995, UNHCR disseminated its publication "Guidelines on Preventing and Responding to Sexual Violence against Refugees", based on one of the conclusions of the preliminary report of the Special Rapporteur on violence against women, namely that "traditional practices should be construed as a definite form of violence against women which cannot be overlooked nor be justified on the grounds of tradition, culture or social conformity". To date, 8,000 copies of these guidelines have been distributed. They are an integral part of UNHCR's current training activities.

96. In June 1995, an Inter-agency Symposium on Reproductive Health in Refugee Situations was organized under the joint sponsorship of UNHCR and the United Nations Fund for Population Activities. The reproductive rights of refugee women were among the subjects discussed.

97. An inter-agency handbook for field staff was completed last year and contains specific references to dangerous traditional practices, especially female genital mutilation. An appendix to the manual entitled "Legal Considerations: The Rights of Refugees Relating to Reproductive Health" notes that "Female genital mutilation as a gender-based form of sexual violence amounts to a violation of human rights". Special provisions in human rights treaties require the abolition of such traditional practices prejudicial to women's health.

98. The manual helped raise awareness of the issues. Several UNHCR bureaux have since identified community education on the dangerous health consequences of female genital mutilation as one element of the reproductive health programmes which would bear improvement.

99. UNHCR intends to revise its Guidelines on preventing and responding to sexual violence against refugees to include harmful traditional practices, such as female genital mutilation, early marriage, scarification, and food practices contributing to malnutrition. Its position on the legitimacy of claims for refugee status because of female genital mutilation will be included in the revised text.

100. UNHCR is about to complete a guide on teaching refugee women to be aware of their rights. The guide pays special attention to traditional practices such as female genital mutilation, early marriage and the negative aspects of

dowry. Steps in that direction taken in countries such as Guatemala and Nepal have been a success, and the experience will serve as a starting point for other bureaux, which will adapt them to particular cases and circumstances.

101. UNHCR organized a symposium from 22 to 23 February 1996 on gender-based persecution, attended by representatives from Australia, selected European countries and North America. One of the subjects was female genital mutilation, in the context of requests for asylum. UNHCR presented a paper upholding the legitimacy of such requests. It argued that the forced mutilation of a woman or girl when she returned to her country of origin, or the consequences for the parents if they refused to have their daughters circumcised, could be considered persecution under the 1951 Convention relating to the Status of Refugees, but none the less stressed that each case should be assessed on its own merits.

102. Discussions were held among UNHCR headquarters staff to raise their awareness of the problem of female genital mutilation. UNHCR efforts in the field have been directed at countries where awareness-raising campaigns on female genital mutilation and early marriage have already been undertaken.

103. The Special Rapporteur notes with interest that UNHCR, conscious of the highly sensitive nature of these issues, has tended to focus its campaigns on the dangerous health consequences rather than on the legal or human rights aspect.

104. UNHCR has contributed to the activities of the Inter-African Committee dealing with Somali refugees.

105. It plans to intensify its education campaigns in the field.

106. This year, UNHCR has included in its annual questionnaire on protection a question on harmful traditional practices. All UNHCR bureaux throughout the world will be expected to reply.

United Nations Population Fund (UNFPA)

107. UNFPA, which is deeply committed to the promotion of human rights and in particular to the elimination of all forms of discrimination against women, made a point of raising the problem of harmful traditional practices during the preparations for the International Conference on Population and Development (Cairo, September 1994).

108. In its Programme of Action, the Conference called upon Governments to prohibit female genital mutilation and to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices.

109. Chapters IV and VI of the Programme refer specifically to harmful practices, including female genital mutilation, which is considered to be a violation of women's and children's fundamental rights and a major risk to their health.

110. The guidelines for UNFPA activities, which have recently been revised, pay special attention to the protection of women and, among other things, to the eradication of practices that have undesirable health consequences for women and young girls, including female genital mutilation, early marriage and sexual exploitation.

111. The Fund supports activities intended to make the public aware of the adverse effects of such practices.

112. The Fund has supported projects such as the production of films in six different countries on violence and sexual exploitation of women and children, on the occasion of the Fourth World Conference on Women (Beijing, September 1995), and is studying the best way to deal with the problem of harmful traditional practices in its reproductive health programmes.

Division for the Advancement of Women

113. The Special Rapporteur regrets that the Division for the Advancement of Women thought it sufficient to refer her to recommendation No. 14 adopted in 1990 by the Committee on the Elimination of Discrimination Against Women. This is no answer to her request for the Division's views on the Plan of Action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children. None the less, it would be helpful to know how the recommendation had been followed up.

Economic Commission for Latin America and the Caribbean

114. The document entitled "Women in Latin America and the Caribbean in the 1990s: Diagnostic elements and proposals", transmitted to the Special Rapporteur by the Commission, contains an analysis of the situation of women, their living conditions and status within society. Recommendations follow, which are intended as possible solutions to the problems faced by women.

115. The document points out that the unifying feature of women's status in society is discrimination based on sex and the socio-cultural role assigned to them, which is reflected in the relations between men and women. However, the problem of discrimination is no longer being ignored. One of the factors contributing to its elimination is that inequality and discrimination are now routinely condemned. Global policies can be adopted to end them.

116. Reviewing the progress made in the region, particularly with the establishment of democracy, the document nevertheless notes that "women rarely participate in the upper levels of democracy, whether in government or in political parties".

117. With regard to the health of women and children, particularly young girls, the Commission notes that in Latin America and the Caribbean, the health of both women and men is conditioned by the position and role that are culturally assigned to them in society. One problem that affects women and men alike in the region concerns the accessibility and coverage of health-care services. The Commission has determined that one of the region's great challenges in the 1990s is to increase investment in that sector, as part of the process of ensuring equitable access to all.

118. Equitable access for all is in fact the goal of those who deal with women's many health problems. The Special Rapporteur has noted with great interest a statement by the Commission which should be specially borne in mind by those in charge of health care. The chapter on health and women states: "Today, it is recognized that efforts to achieve equality in the area of health must take into account not only socio-economic variables and the differences between the sexes, but also factors relative to gender differences. To establish equity between the sexes, these differences must be recognized and addressed through specific policies."

119. The Commission also draws attention to the fact that women have specific health problems at all stages of the life cycle. These should be taken into account instead of clinging to the old ideas which made women the passive beneficiaries of health policies. Women's health used to be considered in terms of their role as mothers, and the needs of girls as opposed to boys were ignored, particularly where nutrition was concerned.

III. REPLIES FROM INTERGOVERNMENTAL ORGANIZATIONS

120. The Organization of American States (OAS) indicated to the Special Rapporteur that in June 1996, at its twenty-fourth session, the OAS General Assembly adopted by acclamation a Convention on the prevention, punishment and eradication of violence against women, known as the "Convention of Belem do Para". Signed in 1995 by 18 States, it affirms that violence against women constitutes a violation of their human rights and fundamental freedoms. It defines violence as "any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere".

121. Stipulating that every woman has the right to be free from violence, and referring to regional and international human rights instruments, the Convention cites, for example, a woman's right to have her life respected, the right to have her physical, mental and moral integrity respected, her right to be free from all forms of discrimination, stereotypes of behaviour and social and cultural practices based on concepts of inferiority or subordination.

122. In the Convention, States condemn all forms of violence against women and undertake to adopt all measures - legislative, administrative, educational, in the field of information and other - to put an end to violence and its root causes.

123. The Special Rapporteur welcomes the fact that complaints from individuals, groups and legally recognized NGOs are entertained by the Inter-American Commission on Human Rights and that consequently the Inter-American Convention on Human Rights is ensured of follow-up.

IV. REPLIES FROM NON-GOVERNMENTAL ORGANIZATIONS

Commonwealth Medical Association

124. The Association believes that health services provided to women must be acceptable, accessible and gender-sensitive.

125. In 1994, in the report of its Working Group on medical ethics and human rights, the Association stressed the obligations of the medical profession with regard to harmful traditional practices. Guidelines 7 and 11 of the guidelines on medical ethics drafted by the Working Group deal specifically with the health risks to women and children of certain traditional practices.

126. The Association reiterates the importance of women's health status, referring to the Dakar Declaration (1994) adopted at the close of a seminar on women's reproductive and sexual health, which proclaimed among other things that an improvement in women's and particularly teenage girls' health in the region is an important condition for the advancement of women in the social, economic and political spheres.

127. The Association believes that women should be able to control the factors that affect their health. In order to do so, they must be involved in the process that creates or influences those factors. They must therefore participate in the analysis, planning and implementation of programmes that affect their well-being.

128. The Association recommends that the issue of violence should be covered by health surveys and that communities should be encouraged to take part in local projects or pilot projects. Likewise, it stresses the need for Governments to accept responsibility and act accordingly.

International Council of Nurses

129. The Council notes that it is still not possible to measure the impact of "son preference" on girls' health accurately because surveys, except those on school enrolment, treat children as a single category. Mothers have to be made to understand the ill effects of harmful traditional practices, whose perpetuation and transmission are attributable to their youthfulness and ignorance.

130. With regard to early marriage, the Council believes that if parents are to be persuaded to delay the marriage of their daughters, poverty must be alleviated. In the case of dowry, it is because of poverty that many girls are forced to become the servant-wives of men three times their age. Good husbands cannot be found, given the high amount demanded for the dowry.

131. On female genital mutilation, the Council believes that men, particularly the fathers of young girls, should be persuaded of its health effects on the victims and its undesirable implications in sexual relations. The Special Rapporteur believes that the second part of this recommendation could only be followed up if attitudes, levels of education and the social setting permitted.

132. The Council believes that the success of the Plan of Action will depend on mobilization at the local and community levels.

International Federation Terre des Hommes

133. Terre des Hommes has produced a report summing up the results in 1991 and 1992 of its publicity campaign in Burkina Faso to eradicate "female circumcision".

134. Terre des Hommes and a local non-governmental organization, Coup d'Pouce Burkina, held two provincial seminars on traditional practices affecting the health of women and children. The national authorities supported the initiative. The seminars led to the adoption of a plan of activities which, after an assessment of the female circumcision situation, both nationally and regionally, called for the creation of training and publicity centres and short- and medium-term action.

135. As traditional practices such as female circumcision are deeply rooted in peoples' ways of thinking - whence the reluctance to see them completely eradicated and the obstacles thrown up - the authors of the report point out that using the police to stop them and taking people to court, which are among the steps taken by the authorities, have not had the desired results. On the contrary, they have induced the parties concerned to operate in secret and do away with the ceremonial aspects of the practice, leaving only the act of mutilation itself, particularly in the most traditional rural areas.

136. The strategy adopted by local non-governmental organizations, in cooperation with Terre des Hommes and Sentinelles, was therefore to mount publicity campaigns emphasizing the different kinds of female circumcision and demonstrating their deleterious health effects. A special programme was conducted in the two provinces most affected, setting up bodies with specific tasks to perform in villages. The programme is highly regarded by the target populations. Emphasis has been put on the need to gather information likely to further the goals of the publicity campaigns.

137. Nationally, coordinating arrangements have been made to mobilize target groups - men, women, young people, health workers and social workers, and representatives of the traditional religious and administrative authorities - and to encourage the formation of provincial, departmental and village committees on the eradication of female circumcision which can periodically exchange views and pool their experiences.

138. It has been suggested to the ministries concerned that they should introduce the campaign against female circumcision into school and professional training curricula. The report closes on an optimistic note. The publicity efforts conducted at all levels have convinced one part of the population of the need to end traditional practices. Other provinces will be tackled, using a strategy that draws on past experience and takes account of the mind-sets of the populations targeted and specific means of approaching them.

139. The Special Rapporteur welcomes the launching by the Government of Burkina Faso of a plan of action in line with this recommendation.

Egyptian Organization for Human Rights

140. The reply from the Egyptian Organization for Human Rights, which is affiliated to the International Federation of Human Rights, concerns the appeal it has lodged against the leading Imam in Cairo (Sheikh al-Azhar, Rector of al-Azhar University) following the fatwa (religious ruling) he issued in favour of female circumcision. The fatwa, addressed to the citizens of Egypt, was a substantial obstacle to the organization's campaign against female genital mutilation. The organization's legal recourse is based on the fact that Islam does not condone any practice harmful to society, far less a practice such as female genital mutilation.

141. The organization's appeal emphasizes that Sheikh al-Azhar is wrong on two counts: first, that he has disregarded scientific ethics by ignoring the writings of eminent experts in Islamic law; second, that he invokes in support of his fatwa several Hadiths of the Prophet on the circumcision of men, claiming that they also referred to female circumcision.

142. The Special Rapporteur hails the brave position taken by the Egyptian Organization for Human Rights and notes with satisfaction the appointment as Rector of al-Azhar of Sheikh Mohammed Sayed Tantawi who, when the Mufti in Cairo, supported the argument of a number of religious officials that "there is no reference to be cited or Sunna (traditions of the Prophet) to put into practice on the subject of circumcision".

Arab Council for Childhood and Development

143. The Council sent the Special Rapporteur a list of all the documentation available to it on practices affecting women and children, together with a summary of some of the documents. The Special Rapporteur appreciates this gesture and hopes that the Council will make an effective contribution to the campaign against practices affecting the health of the children it seeks to defend.

International Federation of Red Cross and Red Crescent Societies

144. The Federation has transmitted information on its contribution to the campaign against female genital mutilation. A number of affiliated African societies, such as the Ethiopian, Kenyan and Somalian Societies, are working closely with the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, distributing information on the undesirable practices of female genital mutilation and providing it with technical assistance. A specific example of progress at the national level has been the commitment by the Kenyan Red Cross Society to projects offering traditional midwives a variety of economic means of securing their livelihood. Other projects seek to educate and inform communities about the pernicious effects of female genital mutilation.

145. The Federation has also incorporated the improvement of the status of women into its strategic work plan, emphasizing grass-roots community approaches to health issues and incorporating the question of harmful traditional practices into all its current health programmes.

V. GENERAL CONSIDERATIONS

146. The first point the Special Rapporteur must make, before considering the progress made and obstacles encountered in applying the plan of action, is that very few replies were received from Governments, particularly those directing the fortunes of countries where such harmful practices are widespread and affect women and children day after day.

147. The Secretary-General's note was sent, in April 1995, to 184 States Members of the United Nations and 6 non-Member States. Only 26 Governments replied in 1995, 2 of them acknowledging receipt of the note. No information was received in 1996.

148. This is a telling sign that traditional practices will not be eradicated overnight or in the absence of governmental determination to act. The international community is therefore duty-bound to remain vigilant and make every effort to persuade and induce Governments to take responsibility for such practices and their eradication.

149. As a United Nations document puts it: "... When prejudice is deeply ingrained in the social fabric, new laws pertaining to women's issues are slow to be implemented without continued public pressure". 2/

150. Another thing that profoundly disturbed the Special Rapporteur, particularly after the substantial response received from the Economic Commission for Latin America and the Caribbean, was the reply from the Economic and Social Commission for Asia and the Pacific. Although the second seminar on harmful traditional practices was held in Asia (Sri Lanka) and many recommendations mirroring the concerns of Asian women and children were incorporated into the Plan of Action, ESCAP simply replied that it had no documentation or information to offer. This is all the more serious in that the Commission is a part of the United Nations and exists to deal with economic and social problems.

151. The Economic Commission for Africa did not bother to reply. Yet harmful practices seriously affect children and women and, thus, inevitably have an economic impact on African countries.

152. The Special Rapporteur also regrets the absence of any reaction from the Organization of African Unity.

153. These comments do, naturally, mean that the Special Rapporteur is grateful to all those that did provide valuable commentaries both on their experiences through policies, programmes and activities, and on their thinking on the subject of eradicating all harmful practices.

VI. PROGRESS ACHIEVED AND OBSTACLES ENCOUNTERED IN IMPLEMENTING THE PLAN OF ACTION

154. As the Special Rapporteur has already stated, the information reaching her from Governments, specialized agencies, the Organization of American States, United Nations bodies and organs and non-governmental organizations,

serves to show that the implicit dangers to the physical and mental health, and on occasion even the survival, of women and children are well understood and often clearly identified.

155. Far from instilling or encouraging inertia, fatalism or impotence before the gargantuan task of eliminating them, these dangers have sparked a lively, healthy and positive reaction: no effort is being spared to put a stop to such harmful practices.

156. Although, during the assembly of this final report, the Special Rapporteur has been somewhat frustrated by the lack of replies from a great many Governments, she notes the ratification by a substantial majority of States, including some that have not replied, of the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

157. The machinery following up these two Conventions and the international covenants on human rights must therefore be urged to ensure that harmful traditional practices are raised in the questions that experts submit when Governments introduce their reports.

VII. NATIONAL ACTION

158. Despite the progress in recent years, much remains to be done. Governments are aware of the fact.

159. The Special Rapporteur notes that, among the States directly concerned with traditional practices, only the Sudan and Burkina Faso have passed laws condemning and punishing the practice of female genital mutilation. She agrees with the International Federation Terre des Hommes that such laws can, perversely, drive people to carry out female genital mutilation in secret, to the detriment of the ceremonial initiation which, to their way of thinking, is one of the reasons for the practice.

160. On principle, and to make sure that these dangerous practices are illegal, Governments should be encouraged to pass laws condemning and punishing female genital mutilations.

161. It would be wise, however, in order to make the law more effective, for legislators to begin by consulting Government officials, women's associations, community officials, national institutions and/or committees and anyone else directly involved, particularly in the field, in the campaign against the practice.

162. As regards paragraph 3 of the Plan of Action, Governments seem to have fewer difficulties in passing special laws on the subject of children and violence. The information received confirms this. In the case of early marriages or the elimination of discrimination between women and men, however, Governments must make an effort to ensure that the Plan of Action is put into effect. This is a long-term undertaking which depends on information campaigns aimed at carefully targeted populations. It must not be forgotten that traditional population groups attach great importance to marriage, procreation and virginity.

163. These campaigns should be backed up by Government determination to establish or expand vocational training and apprenticeship programmes for girls.

164. As regards sexual education, which is still a taboo subject in many traditional societies, the trend does seem to be in the direction set by paragraph 32 of the Plan of Action.

165. Government recognition of women's rights in matters of procreation provoked some disagreement at the Fourth World Conference on Women when the problem of abortions came up. Despite the reservations entered by a number of countries, the Conference adopted the paragraph on women's right to procreation, and this was regarded as an undeniable advance. Only two countries, Guinea and Iraq, have provided any information on Government encouragement of male contraception. Guinea has model clinics throughout the country. In Iraq, family planning centres are for men as well as women, who are given contraceptives in "the light of their state of health".

166. As regards son preference, Governments are tending to set up governmental bodies for women and children, and to support the activities of non-governmental organizations.

167. Little progress has been made, however, in revising school curricula and books to eliminate anti-women prejudice (para. 7 of the Plan of Action). Only the Government of Belize has really taken steps in this direction.

168. On the subject of paragraph 15 of the Plan of Action, the Guinean Government believes it should form the starting point for all efforts to rectify misconceptions about a mother's responsibility for the sex of her children.

169. The Special Rapporteur is happy to learn that UNESCO cooperates with its member States to improve their biology curricula by producing, among other things, information on the role of the male chromosomes in determining sex. In her view, such information should not be restricted to biological education but should be made widely available in readily accessible form to the population groups concerned.

170. Still on the subject of son preference, paragraph 16 of the Plan of Action raises some problems. Discriminatory laws on inheritance proved to be an especially delicate issue at the Fourth World Conference on Women. It took enormous patience and marathon negotiations to arrive at a consensus text. The advance made at the Conference was that Governments are required to guarantee girls equal access to inheritance, which in many African countries they did not have before. But the consensus formula did not satisfy all delegations. A great deal of perseverance will be necessary to give effect to paragraph 16 of the Plan of Action.

171. Access by girls to all levels of education is gaining in scope. In rural areas, however, reluctance on the part of parents, accompanied by poverty, the small number of schools and the absence of appropriate transport, make progress difficult.

172. Childbirth practices are coming in for attention from States. The situation in this area may be said to be making steady progress.

173. The question of violence against women concerns all Governments. The progress made thanks to steps taken by Governments is described in paragraph 77 of this report.

174. On the other hand, very often on the pretext of protecting freedom of expression, Governments claim to be unable to control violence in audiovisual media. One example of this is the current debate in the United States. But the very fact that violence on television has been raised in several European countries is an indication of the concern that violence arouses in public opinion and in Governments.

175. The Special Rapporteur is unfortunately unable to indicate whether there has been any progress in traditional practices relating to dowry, bride price, suttee or incest, for lack of information.

176. In the light of this résumé, the Special Rapporteur wishes to make the following recommendations on means of improving the implementation of the Plan of Action, several of which were put forward by Governments, specialized institutions, United Nations agencies and bodies and non-governmental organizations.

VIII. RECOMMENDATIONS

Nationally

177. Given the tenacity of traditional practices and the difficulty of altering customs, it is necessary to:

(a) Mobilize communities, encourage the formation of provincial, departmental and village committees to combat harmful traditional practices and periodically pool their experiences and exchange views, and set up monitoring machinery at their level;

(b) Gather information likely to advance the ends of publicity campaigns;

(c) Take account, in strategies for alerting people to the problem, of mind-sets and the specific methods to adopt in order to get the message across to target groups;

(d) Include the problem of harmful practices in functional literacy campaigns for women;

(e) In order to reach population groups living in remote regions, Governments should establish mobile publicity units dealing with questions of women's and children's health;

(f) There should be surveys to evaluate the national-level impact of son preference;

(g) Publicity campaigns directed against son preference should offer women and men stereotypes of their future roles in society and prepare future generations for sharing those roles;

(h) It is necessary to promote respect for the law on harmful traditional practices through information campaigns;

(i) To pass a family code protecting women and children;

(j) To set up data banks on violence against women;

(k) To motivate religious leaders to condemn harmful traditional practices in their preachings in mosques, churches and temples. Participation by religious leaders in the campaign against such practices will help to dispel erroneous beliefs;

(l) Teaching materials on the campaign against harmful practices for primary and secondary schools should be prepared by individuals expert in both the subject-matter and the appropriate pedagogical and psychological methods to adopt;

(m) Besides deterrent measures, Governments should also provide for incentives in the campaign against harmful practices;

(n) It is necessary to produce, for dissemination purposes, statistically well-grounded studies on women's contribution to social development through their labour in the informal sector, and the benefits to the State of women's contributions to protecting the environment, etc.;

(o) To make relations between health workers and women less impersonal by means of appropriate training;

(p) To stimulate, through the media, a collective and individual awareness of human rights as they relate to women and how traditional practices violate those rights;

(q) To ensure that the media help to improve the image and perceived value of women;

(r) To designate institutions concerned with women's health which can work to improve women's health. Such institutions should receive Government incentives;

(s) To run programmes for practitioners of female circumcision to change their attitudes, accompanied by courses on alternative ways of earning a livelihood;

(t) To offer free access to health care for women and children;

(u) To conduct regular governmental nutrition surveys to identify sex/gender-related disparities.

Internationally

(v) Coordination between the Sub-Commission and the committees responsible for implementation of the Conventions on the rights of women, on the rights of the child and on human rights, including exchanges of information;

(w) Help from UNESCO in the preparation of a document on the role of the male chromosomes in determining the sex of an infant, designed to be useable in information and literacy campaigns among the target groups;

(x) Selection by UNESCO of two or three countries for pilot projects followed up, after an appropriate period, with a survey to evaluate the effects of the campaign on the role of the male chromosomes on the behaviour and reactions of the target groups;

(y) Financial support from the United Naitons for training personnel responsible for enforcing laws against sex-related discrimination;

(z) Material and financial assistance for Government projects such as the establishment of databases and mobile publicity units.

IX. CONCLUSION

178. The Special Rapporteur has often read in recent years that female genital mutilation and other harmful practices tend to be associated with ignorance, poverty and women's lowly status. These are three areas where remedial action needs to be taken.

179. Government should therefore be motivated and committed to combat harmful practices. But they should also be able to rely on the active backing of the international community.

180. The international community cannot afford to be complacent, given the perpetuation of traditional practices. It must hold out a helping hand to those wishing to restore dignity and respect for their rights and identity to all members of society, beginning with women and children.

Notes

1/ "Women: Challenges to the Year 2000", United Nations publication, Sales No. DPI/1134-41172, New York, December 1991.

2/ Ibid.